

JAN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

43224

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 377

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1101 S. Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 yrs (Specify whether years, months or days)
In this community 40 yrs

3. (a) PRINT FULL NAME Elizabeth Ann Racer

3. (b) If veteran, name war no 3. (c) Social Security No. 493-16-0374

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Racer 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased May 25, 1879 (Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Unknown Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Robert Murkane

13. Birthplace Unknown Missouri (City, town, or county) (State or foreign country)

14. Maiden name Susan Quisenberry

15. Birthplace Unknown Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant Frank Racer

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 1/2/42 (Month) (Day) (Year)

(c) Place: burial or cremation Click Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada, Mo.

19. (a) 1-2-42 (b) Allen O. Seays (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108
(c) City or town Nevada 7
(If outside city or town limits, write "RURAL")
(d) Street No. 101 S. Jefferson 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31, year 1941 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from Dec 29, 1941 to Dec 29, 1941
that I last saw him alive on Dec 29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 3 days

Due to

Due to 940

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature J. W. Kearney (M. D. or other) MD

Address Nevada, Mo. Date signed 12/31/41

FEB 26 1949

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2096

Date Filed 1-6-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~only~~

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Lloyd R. Winnick
Licensed Embalmer No. 3857

P. O. Address Kiwada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.